Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION PT MS MOBILE CRISIS TEAM

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768) Monday – Friday** from **9am – 5pm.**

All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the "Additional Information" section under "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

MA Provider Number (if already enrolled in Maryland Medicaid):

After you receive your Medical Assistance enrollment approval, please register with Optum Maryland for authorization.

Visit maryland.optum.com to register with Optum Maryland for access to their Incedo Provider Portal

Should you have any questions regarding Optum Maryland registration, please contact:
Optum Provider Relations: Phone: (800) 888-1965 – Email: omd_providerrelations@optum.com

Please visit health.maryland.gov/ePREP for more information about ePREP.

MARYLAND
Department of Health

Maryland Medical Assistance Program
Application FACILITY/ORGANIZATION
PT MS Mobile Crisis Team

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Please upload this form to the "Additional Information" section under "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab, along with any additional applicable supporting documents requested below.

CHECKLIST		
Please utilize this checklist to confirm you have submitted all the required documents uploaded to your application in ePrep.		
☐	Check if you have an active Behavioral Health Administration (BHA) license for Mobile Crisis Team services.	If not, you may contact BHA at bha.licensing@maryland.gov for more information about the licensing process.
☐	Check if you have entered the applicable BHA license number in ePREP and uploaded a copy of the active license.	
☐	Check if you have uploaded pre-employment criminal history records for all employees.	Required by **COMAR 10.63.01.05**
☐	Check if you have uploaded a written policy regarding the criminal history of the program's employees, contractors, and volunteers. **At a minimum, includes consideration of the following:** (a) The age at which the individual committed the crime; (b) The circumstances surrounding the crime; (c) Any punishment imposed for the crime, (d) including any subsequent court actions regarding that punishment; (e) The length of time that has passed since the crime; (f) Subsequent work history; (g) Employment and character references; and (h) Other evidence that demonstrates whether the employee, contractor, or volunteer poses a threat to the health or safety of a program participant, program staff, or a member of the public. **Please note:** (4) An individual may not be hired as an employee, contractor, or volunteer: (a) For a program serving participants younger than 18 years old, if the individual has been convicted at any time of child abuse or child sexual abuse; or (b) For a program serving participants 18 years old or older, if the individual has been convicted at any time of abuse or neglect of a vulnerable adult.	Required by **COMAR 10.63.01.05**

Mobile Crisis Team Provider Attestation Form

Program Name: _____

Facility Address: _____

City/State/Zip: _____

NPI Number: _____

License Number: _____

Program Requirements

By signing this attestation you certify that the program has an active mobile crisis team program license issued by the Behavioral Health Administration and complies at all times with all relevant Department regulatory requirements, including but not limited to COMAR 10.09.36, COMAR 10.09.16, and COMAR 10.63.03.20.

The Department requires Mobile Crisis Team providers to operate 24 hours a day, 7 days a week and to provide a response in a timely manner in compliance with 10.09.16.03. Providers must employ or contract with sufficient staff to comply with the service requirements outlined in 10.09.16.05 and the mobile crisis team staffing model mandated in 10.63.03.20.

Staff Training Requirements

Mobile Crisis Team providers are required to ensure that all staff rendering services are trained in trauma-informed care, harm reduction, and de-escalation strategies. By marking "Yes" you attest that your staff has received or will receive these trainings prior to rendering services:

Evidence-Based Training	Training Completed	
	YES	NO
Trauma-informed care	☐	☐
Harm reduction	☐	☐
De-escalation strategies	☐	☐

I hereby certify that all information contained in this document is true and accurate. I further understand that any information entered in this document that subsequently is found to be false may result in termination of any agreement that I have or may enter into with MDH and/or its contractors.

In compliance with the MDH Mobile Crisis Team Provider Attestation Form, I attest that my organization complies with all Departmental requirements for mobile crisis team services.

I hereby give permission and consent for MDH and/or its contractors, to obtain and verify information provided in this form and consent to the release by any person, organization or other entity to MDH and/or its contractors, of all information relevant to the evaluation of my ability to render crisis services in a cost-effective manner and agree to hold harmless any such person or organization from any cause of action based on the release of such information to MDH and/or its contractors.

By signing this attestation I agree that all statements are true and agree to abide by any contracted requirements for the services delivered under the authority of this agreement.

Printed Name: _____

Title: _____

Signature: _____ **Date:** _____

If you have any questions please contact program staff at:
mdh.bhenrollment@maryland.gov